



Co-Occurring Joint Action Council (COJAC)



January 6, 2010
Minutes

Workgroup Co-Chair: Cheryl Trenwith (County Alcohol and Drug Program Administrator's Association of California: CADPAAC) and Dr. Marvin Southard (California Mental Health Directors Association: CMHDA)

Workgroup Members: Sophie Cabrera (Department of Mental Health: DMH), Jim O'Connell (California Association of Addiction Recovery Resources: CAARR), Mary Hale (CMHDA & Alcohol and Drug Policy Institute: ADPI), Albert Senella (on the phone) (Tarzana Centers), Victor Kogler (ADPI), Debbie Reno-Smith (Victor Community Support Services) (on the phone), Tom Renfree (CADPAAC), Dr. Sandra Naylor Goodwin (California Institute for Mental Health: CIMH), Dr. Vivian Brown, and Madelyn Schlaepfer (CADPAAC) (on the phone)

COJAC Staff: Darien De Lu (ADP), Kevin Furey (ADP), Michael Borunda (ADP), and Alice Washington (CIMH)

Welcome

Cheryl Trenwith and Dr. Marvin Southard opened the COJAC meeting at 10:21 am.

Approval of the November 4, 2009, minutes was given with no corrections or additions.

Approval of the current agenda was stated with no additions.

State Reports

Department of Alcohol and Drug Programs (ADP)

Michael Borunda of ADP reported.

- The COD Unit staff is reassigned to the Youth and Women's Services branch of ADP.
- At this time, ADP staff is watching the state budget.
- ADP is implementing a veteran's initiative, and is promoting further work in this area with federal agencies.
 - ADP is collaborating with DMH as they develop a Federal Policy Academy related to veterans' services.
 - In addition, ADP is looking at system integration in order to help veterans get into services. This process is collaboration between the state and the VA systems of care.

Department of Mental Health (DMH)

Sophie Cabrera of DMH provided this state report.

DMH staff is watching the Governor's budget.

1. The Mental Health Services Act (MHSA) monies remain. The following are occurring with these monies:
 - Working on PEI Statewide Project Guidelines with the Mental Health Services Oversight and Accountability Commission (MHSOAC).
 - Revenue and Expenditure Reports are out

Please review the following links for more information about the MHSA including plans, guidelines, etc. The link is http://www.dmh.ca.gov/Prop_63/MHSA/default.asp.

2. Short Doyle Phase 2 is being implemented

Questions for the State

Cheryl Trenwith had a question about MediCal-Medicare issues.

Action Item

ADP—Michael Borunda will take the MediCal-Medicare issues back to Dave Nielsen of ADP in order to determine what the state recommends for counties to do with Medi-Medi claims.

Information and Discussion Item "Staff Competencies for COD" --Effectiveness of Consumer Operated Programs (COSP) and the Implications of the SB707 legislation for AOD Counselors

Discussant: Mary Hale, Orange County Behavioral Healthcare and Chair, COJAC Funding Committee Chair

Background

This discussion is workforce related and has prompted ADPI comments on SB 707—legislation providing certification for AOD counselors. The comments discussed the professionalism needed for the AOD workforce. Mary also distributed a CMHDA e-mail about the effectiveness of consumer-run programs (COSP) which found that COSP could be harmful for those who use them. (See contrasting comments on this e-mail below, by Dr. Goodwin.) This brought forth past discussions about the need to professionalize the alcohol and other drugs (AOD) workforce which includes people with lived experience and who work in the field.

The focus of Mary Hale's discussion: We are not learning from our own experiences as mental health may be going down the path that AOD started walking down years prior.

With the MHSA, some members of the consumer movement seem to think that consumer/family members can perform like people with Master's degree. We all need to sit down and talk about this perspective using SB 707 and the CMHDA e-mail.

The AOD field needs certificated AOD counselors in order to help professionalize those with

lived experiences who need education and supervision and thus that is why we have SB 707. Those with lived experiences need education, training, and supervision but there is so much fear they are going to lose their jobs.

The mental health field has the degrees where AOD does not have these.

In order to learn from the mistakes that AOD made, we must

- Look at the programs the workforce is involved in
- Look at the skills needed
- Review job descriptions
- Understand the training needs
- Try to match people so they are placed appropriately

Lessons learned allow us not to fail because of the fear of hurting someone's feelings and allows us to move forward while considering our past and the evidence.

Comments and Questions

- Dr. Southard stated, "How do we support our peer employees in a better way?"
- Dr. Goodwin stated the CMHDA e-mail regarding the Steve Segal report was taken out of context. It does not reflect the totality of the research and the e-mail was used to make a point. Dr. Goodwin will send the entire report to the COJAC Workgroup.
- Jim O'Connell – SB 707 is not moving forward because of the fear from consumer/survivors who work in AOD. We do not see a lot of AOD consumers involved in advocacy and policy because they only have lived experience.
- Dr. Goodwin – In mental health, working with consumers who have a mental illness is turning around stigma.
- Dr. Southard – In addition, we have made good changes, but some people are being hurt because they really do not accept people with lived experience as team members where they believe this change will pass or go away.

Workforce Committee Proposed

Purpose of committee

Make recommendations concerning workforce education and training (WET).

- Mary Hale asked if this discussion identifies a need for a new committee focused on workforce.
 - Could work on suggestions for SB 707 and the Dual Diagnosis Capability in Addiction Treatment (DDCAT) assessment tool.
- Dr. Southard stated the focus could be on
 - Mental health (MH)-knowledge of AOD skills
 - AOD-knowledge of MH skills
 - How both relate to COD
- Albert Senella - Is the priority to come up with the competencies people should have? What focus should be on health care reform and the 1115 Waiver? How can the provider communities deal with these concerns/issues?
- Dr. Goodwin - Yes, the competencies are embedded in this...where you need the

- competencies to do the work needed in health care reform and the 1115 Waiver.
- SB 707 is important because no one will want the uncertified staff in health care reform and the 1115 Waiver once implemented.

Finances

- Dr. Goodwin - We should seek funding to have someone facilitate this committee.
- Mary Hale - Could a county or several counties pay for it as a part of their WET plan?
- Cheryl Trenwith - We need to frame it and then look for funding and others to help.
- Dr. Brown suggested using the left over funds from the COJAC Screening Tool UCSF Evaluation Study.

Action Item

Cheryl Trenwith and the COJAC Workgroup agreed to put the workforce competencies issues into the SAP for the Partnership Committee.

We will add Albert Senella, Mary Hale, Cheryl Trenwith, and Dr. Southard to the Partnership Committee to assist with the implementation of this topic. They may also send WET Coordinator representatives.

Goal - Dr. Southard stated we need to give a minimum set of competencies gathered from counties who have already done these things. Dr. Goodwin - Committee could do research of what is already there in counties.

CADPAAC Legislative Report

Tom Renfree, Executive Director of CADPAAC, provided this report.

Governor's State of the State Address

Tom reported on the Governor's State of the State address, which occurred today. The governor spoke about the huge challenges facing CA this year because there is a 20 billion dollar deficit. The governor stated there would be no more cuts to education and is looking at changes in prison costs. Health care reform may end up making the state pay more. He wants to provide more services in the community for returning veterans, but with no new money to mental health and alcohol and drug programs. He spoke about his call for state employee pension reform.

Legislative Bills

Several important second year bills were introduced and focus on:

- state parity of behavioral health with physical health services
- screening and brief intervention on substance use
- state alcohol fee/tax
- certification for AOD counselors (SB 707)
- a few bills dealing with veterans' services

Committee Reports

Funding

Mary Hale reported. There has not been good participation on phone calls in the last few months. The next call is on January 15, 2010.

Currently, the committee focus is on

1. Barriers/Regulations to providing COD services
2. Funding matrix changes/updated
 - a. With health care reform this document may change
3. What *are* COD services and how are they funded?

Dr. Southard suggested another product for development, namely a guide on the requirements for and how to do billing under MediCal mental health services for certain AOD treatment services, when that treatment is a step to a goal in a mental health treatment plan (such as, obtaining housing, when such housing would require one to have little or no AOD use). Payment for such AOD services would be possible only if the provider has a Short-Doyle MediCal contract. Currently, it is nearly impossible for providers without such contracts to get them, due to the unavailability of the required matching funding.

Adult Short Doyle billing suggestions for the Funding Committee:

- Develop an adult fact sheet (i.e., charting/billing skills) as it exists today (see above)
- Teach people how to bill for COD services
- Clarify the necessity of integration between MH, AOD, physical health, a care coordinator or system navigator, in order to make sure you get what you need from all the systems

Partnership

Dr. Goodwin reported.

1. Developed a membership document
 - a. Will bring to the next COJAC meeting for approval
2. The committee will review COJAC mission and vision statement next.
3. COD State Action Plan (SAP), Partnerships segment, review. These are updates on specific action items:
 - a. 1.1 – The Funding committee is already working on this action item.
 - b. 1.2.2 – How is COD information disseminated? Alice Washington of CiMH and Darien De Lu of ADP are working on this item. COD information is distributed by e-mail and using the CiMH, COJAC, and COD websites.
 - c. 1.3.2 – This is a proposed issue paper. Michael Borunda will check on the ADPI contract for funding and Mary Hale will assist with pursuing the funds.
 - d. 1.3.3. What is going on locally? The committee will explore the option of using a survey to find out and will review past survey information for guidance.
 - e. 1.5 – On this action item, a COD Technical Assistance (TA) Center, Dr. Goodwin directed a question to Dr. Southard, as the monies for it are controlled by LA County. He had no response.

The committee took on issues around workforce competencies earlier today.

Screening

Dr. Brown reported.

Dr. Brown provided the recommendations from the Screening Committee for the COJAC Screening Tool UCSF Report. Overall,

- UCSF did not pay sufficient attention to the materials or sit down and discuss with the committee the questions or evaluation
- The analysis was not what the committee expected
- The committee believes they did not get the right testing to change the tool
- They want additional original and correct testing of the screener

The committee asks that UCSF not continue its work until they meet with ADP, DMH, USCF, committee members, and a consultant who knows COD. They have recommended consultants.

Comments and Questions

- Mary Hale - Does ADP understand the committee's recommendations?
- Michael Borunda - Yes, ADP does understand the committee's concerns and recommendations.
- Dr. Goodwin - We need to be clear about what needs to be done.
- Dr. Southard - Need some other validation of the COJAC COD screening tool.
- Al Senella - Use the money to promote the tool.
- Jim O'Connell - But we have a UCSF document that questions its validity.
- Dr. Brown - Are they going to publish these results?
- ADP - We can say do not publish—but the contract may have an “academic freedom” clause [giving UCSF the option of publishing].
- Dr. Southard -To UCSF, say thank you for your input, make any necessary change, and then move forward with something else.
- Michael Borunda - Do not use money to fight the fight, but use the MHSA monies for something else.
- Cheryl Trenwith - Maybe for the workforce competency list we talked about earlier?
- Michael Borunda - Maybe, but the funding may not be available for any other purposes.

Action Item

The COJAC would like an ADP summary evaluation of the DDCAT pilot project (a separate COJAC/ADP project).

Next focus for this committee is on treatment and standards.

- Dr. Goodwin and Jim O'Connell will continue on this newly expanded committee.

Youth

Debbie Reno-Smith reported.

There were three people in committee session. They reviewed past work. Their main goal is to draft the Youth segment of the COD SAP by the next COJAC meeting to present for approval.

They will focus the SAP on

- Statement of necessity
- Training
- Funding

Debbie Reno-Smith is soliciting input in other ways. Dr. Southard mentioned the impacts on youth services in Los Angeles of the “Katie A” legal decision.

Action Item

Debbie Reno-Smith would like to look at the original roster. Darien De Lu of ADP will send the original roster to Debbie Reno-Smith for the review of missing people and names.

1115 Waiver and Health Care Reform: Role for Behavioral Health

Dr. Goodwin stated that CiMH recently held a health care reform webinar on January 5, 2010, which is posted on the CiMH website. The link to this information is at <http://www.cimh.org/Services/Special-Projects/Health-Care-Reform.aspx>.

The February 11, 2010 California Mental Health Policy Forum will focus on health care reform. The link to this information is at <http://elearning.networkofcare.org/CiMH/PackageOverview.asp?id=277728>.

Several COJAC members were appointed to the Statewide Department of Health Care Services (DHCS) 1115 Waiver Advisory Workgroup. CA uses a waiver to draw down federal Medicaid matching funds. This waiver group – which includes the DHCS Director, David Maxwell Jolly – is a 30 member advisory workgroup. The COJAC members are

- Albert Senella - alcohol and drug field
- Rusty Selix, Dr. Sandra Naylor Goodwin, and Dr. Marvin Southard - mental health field

Dr. Marvin Southard reported the following:

What is proposed is going to be a reformatting of the Medicaid waiver for those people who are high utilizers, with an integrated focus. However, substance use and AOD treatment was not on the agenda at all. There is an opportunity to get information on AOD issues and bring it forward to this group as input and feedback.

What would we want? COJAC Workgroup members’ feedback and input on the 1115 Waiver regarding mental health and substance use

1. Specialty services need to be preserved even if specialty systems are no longer supported
2. Need to work out integration and how it would operate
3. Do not want mental health and substance use to lose their identity

Action Item

Cheryl Trenwith asked that Drs. Goodwin and Southard, and Albert Senella keep this item on

the COJAC agenda in order to receive updates.

2010 Meeting Schedule

The COJAC 2010 meeting schedule as approved:

COJAC 2010 Meeting Schedule

January 6

March 3 (Directors' Meeting*)

May 5

July 7

September 1 (Directors' Meeting*)

November 3

Location

CiMH

2125 19th Street, 2nd Floor

Sacramento, CA 95818

Sugar Pine Room

Call-In#: (916) 552-6503

Next Meeting

Date: March 3, 2010*

Location: CiMH

Time: 10:00 am to 3:00 pm

Call-in #: 916-552-6503

The DMH and ADP Department Directors may join us in person or by phone.

*All proposed Directors' Meeting dates are contingent on the availability of the Directors.